



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200002

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STRAWBERRY FAIR, INC.

DOING BUSINESS AS

ADDRESS 14 POND ST.

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: MCKINLEY,
PATRICIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TEA ROOM SERVING LUNCH AND SUPPER. CELLAR IS USED FOR KITCHEN STORAGE,
UPSTAIRS IS OFFICE. THERE WILL BE NO PUBLIC BAR ..OUTSIDE SEATING FOR 14...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200011

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIELDS LIQUORS LLC

DOING BUSINESS AS SHIELDS GENERAL STORE

ADDRESS 682 MAIN ST

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: SHIELDS,
WILLIAM F.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG WITH ONE STORE AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200013

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARSH'S, INC.

DOING BUSINESS AS

ADDRESS 104 S/S WASHINGTON ST

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: MARSH, JOHN M TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG ON THE SOUTHERLY SIDE OF WASHINGTON ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200015

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHRIJI SWAMI CORP

DOING BUSINESS AS EZ MART

ADDRESS 433 WASHINGTON STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: BHAVSAR,
YOGESH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WOOD AND BRICK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200017

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWELL DINNING, INC.

DOING BUSINESS AS MCGREALS' TAVERN

ADDRESS 690 MAIN ST.

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: MCGREAL, MARY TYPE OF LICENSE: Restaurant
ANN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 960 SQ. FT. LOCATED ON THE LOWER LEVEL OF 690 MAIN STREET. ONE FLOOR PUB W/KITCHEN, BAR AREA, SEATING AREA FOR 35, REST- ROOMS; PLUS ADD'L DINING AREA OF APPROX. 750 SQ. FT. W/STORAGE/WAITRESS WORK AREA, SEATING AREA FOR 40; TWO ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200019

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FVB, INC.

DOING BUSINESS AS TRATTORIA SAN PIETRO

ADDRESS 376 WASHINGTON ST

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: DIBENEDETTO-
DUARTE, ANNA
MARIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RESTAURANT CONTAINING APPROX 3280SQFT 2 DOORS 1 FRONT
ENTRANCE, 2ND ENTRANCE ON SIDE OF BLDG. AREA INCLUDES DININ ROOM, BAR,
KITCHEN, STORAGE, RESTROOMS. ESTABLISHMENT LOCATED AT 376 WASH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200020

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TSING, INC.

DOING BUSINESS AS BEIJING HOUSE

ADDRESS 456 WASHINGTON STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: PUSKARICH,
CHING C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STRUCTURE APPROXIMATELY 5603 SQ. FT. LOADING DOCK AT BACK OF BUILDING; MAIN ENTRANCE, TWO EMERGENCY EXITS. (SEATING CAPACITY 147)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200021

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RIVER AND MAIN STREET RESTAURANT CORP.

DOING BUSINESS AS THE TINKERS SON

ADDRESS 707 MAIN ST

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: HOULIHAN, JOHN TYPE OF LICENSE: Restaurant
BRIAN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT AREA CONSISTING OF A TWO LEVEL DINING ROOM AND PUB. TOTAL SEATING 150 AND KITCHEN AND RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200022

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHERRY AUNG, INC.

DOING BUSINESS AS FUJIYAMA JAPANESE RESTAURANT

ADDRESS 434 WASHINGTON STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02161

MANAGER: LEE, SALLY W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT AND KITCHEN WITH SEATING FOR 44, MAIN ENTRANCE AND EXIT WITH
ADDITIONAL EXIT IN REAR OF BLDG IN STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200023

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THOMAS M. CAMPANELLI AND MARY FRANCES
CAMPANELLI

DOING BUSINESS A BO-TES IMPORTS

ADDRESS 714 MAIN STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: THOMAS M.
CAMPANELLI

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, ONE ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200027

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NYAJ NORWELL, LLC

DOING BUSINESS A NOT YOUR AVERAGE JOE'S

ADDRESS 111 POND ST

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: O'Brien, Michele

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 5900 SQ FT CONSISTING OF ONE FLOOR INCLUDES DINING ROOM SEATING 180,
COUNTER SERVICE, KITCHEN AND LIQUOR STORAGE WITH SEASONAL PATIO FOR 40

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200028

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILD GINGER THAI CUISINE, INC.

DOING BUSINESS AS WILD GINGER THAI CUISINE

ADDRESS 124 WASHINGTON STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: Pikulthong,

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR UNIT CONSISTING OF 2,000 SQ. FT. AND BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200029

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VICTORIA HOSPITALITY

DOING BUSINESS AS THE FOUR'S-NORWELL

ADDRESS 285 WASHINGTON STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: LOVELL, KARLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

9700 SQ FT...A SINGLE STORY BUILDING WITH PARKING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091200032

CITY OR TOWN NORWELL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWELL SUNOCO, INC.

DOING BUSINESS AS

ADDRESS 117 POND STREET

CITY/TOWN: NORWELL

STATE: MA

ZIP CODE: 02061

MANAGER: KARDARIS,
STAMATIOS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE WITH A 4 DOOR COOLER AND 3 END CAPS, HAS 2 EXITS, ONE MAIN
ENTRANCE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)